

Attorney Docket No.: 13DV-13812

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Peter J. Rock, et al.

Group No.: 2172

Serial No.:

09/687,420

Filed:

October 13, 2000

Examiner: Chongshan Chen

For:

METHODS AND APPARATUS FOR SELECTING

CANDIDATES TO INTERVIEW

RECEIVED

JAN 3 0 2004

Technology Center 2100

Mail Stop AF **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is: Transmittal (3 pages); Request for Reconsideration (9 pages); Postcard

STATUS

2.	Applicant	
		claims small entity status.
	\bowtie	is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EL977925276US

Date: January 27, 2004

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

> Reg. No. 45,548 Robert B

EXTENSION OF TERM

	1.136 apply.	ngs nereir	_		tion and the provisi	ions (of 3 / C.F.R.
	(a)		t petitions fo		applicable) ion of time under 3 total number of month		
Extension for response within:					Other than small entity Fee		nall entity Fee (if applicable)
		☐ fi	rst month		\$ 110.00	\$	55.00
		☐ se	econd month		\$ 410.00	\$	205.00
		☐ th	nird month		\$ 930.00	\$	465.00
		☐ fo	ourth month		\$1,450.00	\$	725.00
		☐ fi	fth month		\$1,970.00	\$	985.00
					Fee Due		\$
	co	oplicant b nditional	elieves that n petition is be	fee due wit OR o extension ing made to	h this request \$ n of term is required provide for the potential the need for a p	ł. Ho ssibi	lity that
	O1	time.	FEE F	OR CLAIN	MS .		
4.	The fee for cl	aims (37 (C.F.R. 1.16(t)-(d)) has b	een calculated as s	howr	ı below:
	(Col. 1)	`	(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS		=	x \$42 = \$		x \$84 = \$
_	_ FIRST PRESE	NTATION OF	MULTIPLE DEP. (CLAIM	+ \$140 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(a) 🛛	No add	itional fee fo	r Claims is	required		

OR

	(b)	Total additional fee for claims required \$
		FEE PAYMENT
5.		Attached is a check in the sum of \$
		Charge Deposit Account No. 01-2384 the sum of \$ A duplicate of this transmittal is attached.
		FEE DEFICIENCY
6.	\boxtimes	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.
		AND/OR
	\boxtimes	If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7.		Other:
		Robert B. Reesen Hi Reg. No. 45,548
		ARMSTRONG TEASDALE LLP
		One Metropolitan Square, Suite 2600
		St. Louis, MO 63102
		314-621-5070